Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS46ADC	A. BUILDING _____ B. WING _____	12/09/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY PALMS MEMORY CARE 2	4025 S. PEARL STREET LAS VEGAS, NV 89121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
U 000	INITIAL COMMENTS Surveyor: 28384 This Statement of Deficiencies was generated as a result of the a State Licensure survey conducted at your facility on 12/9/09. The survey was conducted using Nevada Administrative Code (NAC) 449, Facilities For Care Of Adults During The Day, regulations adopted by the Nevada State Board of Health on June 23, 1986. The facility was licensed for 22 total day care clients. The census at the time of the survey was nine. Nine resident files were reviewed and five employee files were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	U 000		
U 86 SS=C	449.4073 Files Concerning Employees A separate file must be maintained and kept current on each employee. The file must include the following: 2. The name of a person to notify in case of an emergency. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 12/9/09, the facility failed to obtain emergency contact information for 5 of 5 employees (Employee #1, #2, #3, #4 and #5).	U 86		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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U 86	Continued From page 1 Severity: 1 Scope: 3	U 86		
U160 SS=D	449.4081 Administration of Medication 1. If the facility accepts a client who can not administer his own medication, an employee licensed to administer medications must administer the medication to him. This Regulation is not met as evidenced by: Surveyor: 28384 Based upon record review and employee interviews on 12/9/09, the facility failed to have a licensed employee administer medications for clients who are unable to administer their own medication (Client #1 - Ibuprofen 600 milligrams as needed for pain). Severity: 2 Scope: 1	U160		
U176 SS=D	449.4082 Service of Food; Dietary Consultants 7. Meals must be served in a manner suitable for the client and prepared with regard for individual preferences and religious requirements. Special diets and nourishment must be provided as ordered by the client's physician. If meals are prepared within the facility, the facility must consult with a registered dietitian for at least 4 hours each month on the planning and serving of meals. If meals are prepared outside of the delivered to the facility, the facility shall develop and provide an alternative for any client on a special diet. The facility shall not accept a client who requires a special diet if it cannot develop an alternative which conforms to the client's prescribed diet. This Regulation is not met as evidenced by: Surveyor: 28384	U176		

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U176	Continued From page 2 Based on record review and employee interviews on 12/09/09, the facility failed to provide a meal suitable for the client and failed to follow up on the order for a special diet after the client experienced two incidents of choking on food (Client #3 - soft mechanical diet). Severity: 2 Scope: 1	U176		